Art is a wound turned into light.
Georges Braque

A tree grows from Bulelwa Nokwe’s stomach. Her jumping body, a bold blue, is outlined with red notches. Her black hair fans above her head. “I just love the picture. I didn’t know when I draw myself down I can be like this. I feel very better now. Before I just saw myself as I am, not like this, like a tree. Now you see this green mark on my arm. I was sleeping with my baby and there was no electricity and I light the candle. A piece of blanket fall over the candle and burned me here. I only had this one child. She passed away at eight months…. When I tested HIV positive my doctor said, ‘Please, you must not think about killing yourself because you can live as long as you want.’”

Bulelwa is describing the life-size image she drew of herself in 2002 when she participated in body mapping, an innovative narrative and art therapy developed by South African artist Jane Solomon. The body maps evolved from the Memory Box Project, the concept of clinical psychologist Jonathan Morgan, then with the University of Cape Town in South Africa. The original handmade memory boxes were for individuals with HIV/AIDS, to serve as a form of bereavement therapy, so they could record their stories. During memory workshops facilitators began to notice that those receiving
ART (anti-retroviral treatment) were more interested in how they could live than in preparing to die. The stories of Bulelwa and other women living with AIDS also tell of HIV/AIDS shifting from a death sentence to a chronic, lifelong disease. A major factor in this shift was access to the affordable, life-prolonging anti-retroviral medicines.

Jane Solomon observed that the technique of body mapping was first used with the Bambanani Women’s Group, 10 women living with HIV in Khayalitsha, Cape Town, South Africa. The intention was to document the lives and hopes that receiving treatment brought to the women, including Bulelwa. Médecins Sans Frontieres and the Treatment Action Campaign had lobbied for treatment for all, including for people in resource-limited settings. The artworks produced would be used to illustrate the book, *Long Life: Positive HIV Stories*.

At the time of the first body mapping sessions, 600 people were dying of HIV/AIDS each day in South Africa, and in parts of the country 25% of women were testing positive. It was a social, cultural and economic emergency. The government was negligent, inert, and was recommending garlic.

Bulelwa said, “I remember taking my pills for the first time. I was given a pillbox that has all the morning times and evening times and days of the week on it. It is big like a lunch box. I knew I would not become sicker like before. Many people in the government say poor people are too stupid to understand how to take the ART. We love these drugs. If we are out we hunt for a tap to take them. This is the most important thing to us. Like air.”

For the multi-day body map workshops, Solomon created a series of prompts. Each participant was to write the name, date and place of his or her birth, draw hand and footprints, wounds, marks and organs, and add textual fragments. The idea was to see HIV not as the body, but only one part of the self. Each participant was encouraged to select both a symbol of personal power and a motto. Singing and dancing are part of the process, as well as access to psychosocial and artistic support.

Originally, the project was about the process and not the end result. What did emerge, however, was a collection of evocative images (Solomon related in a documentary produced by Paul Mills and David Krut Publishing in 2005), which tell powerful stories and are ultimately capable of fighting the damaging and degrading attitudes towards those living with HIV/AIDS. Reducing stigma increased the willingness of people to get tested and, in turn, to seek treatment and disclose his or her HIV status. When the Bambanani women first began the body mapping project, most were not willing to have their names published. Today, thousands see their stories.

The Western world first became aware of AIDS in the 1980s when news emerged of an epidemic of gay men dying. As well as the illness, these men and their supporters found themselves having to fight hostility and political indifference. Working with them, activists and artists in the US attacked negative stereotypes and persuaded government, medical institutions and others to act.
In 1988 Gran Fury, the first AIDS activism artists collective and “propaganda office” for ACT UP (AIDS Coalition To Unleash Power), used statistics from the Center for Disease Control and the New York Department of Health as shock tactics, creating advertising-style street poster slogans such as “With 47,514 Dead, Art is Not Enough.” At the same time, in 1986, High Performance, the first art magazine to devote an issue to AIDS, published the seminal essay by Max Navarre, “Art in the AIDies: An Act of Faith,” describing the artistic path he took when faced with his HIV status. “I thought I was dying. I was too busy deciding who would get my suede jacket and my bicycle to think about how the artists of the world were interpreting the worst disaster since the Black Plague.” Navarre summarized what the body mapping creators echo, “Art is a lot of things; it’s an educational tool, a grieving tool and a healing tool.”

In the West, in the ’80s, the drug “cocktails” began to prolong people’s lives, shifting the sense of the disease from being “the plague” to a treatable illness affecting mainly high-risk groups—men who have sex with men, and intravenous drug users. Two decades later, what had become simplified, more affordable treatment had only trickled to Africa. There, the incidence of AIDS was increasing, spread mostly through heterosexual intercourse.

Using similar creative protest, campaigning, and personal and collective testimony, individuals, institutions, community groups, NGOs and medical advocates worldwide demanded ART be made available. And some things have improved. South Africa and countries with high HIV incidence are making ART available. Many individuals and community and international organizations have mobilized, and governments, to varying degrees, are responding. The November 2007 UNAIDS report noted that HIV appears to be levelling off globally. Despite efforts, however, it remains a scandal that fewer than 30% of people living with HIV/AIDS and who need ART are receiving it; 33.2 million people are infected with HIV; sub-Saharan Africa has 22.5 million people living with HIV, a number more than two-thirds of all people worldwide living with HIV.

AIDS activists in the ’80s criticized photographer Nicholas Nixon’s and Bebe Nixon’s 1988 exhibition, “People With AIDS,” shown at the MOMA in New York, calling it dehumanizing. The Literature, Arts, and
Medicine Database of New York University describes those images in the following way:

Once decried as another victimization of the person with AIDS, Nixon’s photographs are now being reconsidered as historically important and aesthetically significant, as highly exceptional counterpoints to the by now entrenched iconography of the healthy and beautiful person with HIV/AIDS. ACT UP’s call for ‘NO MORE PICTURES WITHOUT CONTEXT’ at the original, partial exhibition is relevant when encountering all of the pictures in the published edition, which do include minorities and women with their families, friends and lovers and does combine their images with their words—stories of their lives, reflections on their deaths, reasons for their becoming part of this particular record of the epidemic.

In an interview in Art Journal with Tina Takemoto in 2003, Douglas Crimp, the American art critic who is living with HIV, suggested negative stereotypes of AIDS produced an unintended “phobic effect in which the last thing one would ever want to do is identify with their subjects. A viewer could see them neither as human nor as possible self-images, but rather as images of abjection and otherness.” Crimp argued a balance of negative and positive images is necessary: “On the one hand we were fighting against the notion that AIDS is an inevitable death sentence, and on the other hand, we wanted it known that people were dying from a terrible disease.” The body maps are considered to strike the balance between devastating and inspiring.

David Krut exhibited the life-size prints of the original Bambanani Body Maps at his Chelsea gallery, David Krut Projects in New York. From there it became a touring exhibition with a first stop at the Flaten Art Museum, St. Olaf College in Minnesota, in 2004, travelling widely in the US. In 2007 the exhibition was installed at CUNY college in Brooklyn and at David Krut Projects in Johannesburg. In 2008 the work will be shown at the Jewish Healthcare Foundation in Pittsburgh.

The body maps were first exhibited in Canada at the International AIDS Conference in Toronto in 2006. They were used as the subject of a skills workshop, attended by some women who would participate in the body mapping project in Canada with Jane Solomon, and two organizations, Canadian Treatment Information Exchange (CATIE) and the Regional Psychosocial Support Initiative (REPSSI), an organization that works to enhance the psychosocial well-being of children, families and communities affected by HIV/AIDS, poverty and conflict in 13 countries. (CATIE’s mandate is to serve people living with HIV/AIDS by providing accessible, accurate, unbiased and timely treatment information.)

In October 2006, the collaborating organizations launched an education project for 19 Zambian and Tanzanian women. The intention was “to enable women living with HIV/AIDS to better understand HIV and its treatment, combat stigma, improve personal coping strategies and share wisdom through art.” The project evolved again, this time with the enhanced element of tracing books as personal medical files and by weaving HIV literacy information into the artistic process. The tracing books are used by many of the women in visits to their doctors, with the potential to facilitate discussions about health, side effects and symptoms.

Today 5700 people will die of HIV/AIDS, and for the majority, their deaths are premature. Initiatives such as the Body Map project and growing collaborations challenge lingering indifference, giving testimony to women’s scars and their courage, opening discussions about fears, sexuality and empowerment. The body maps demonstrate that women bear the brunt of the disease, physiologically, economically and socially, are more vulnerable to infection, and are, at the same time, the majority of caregivers. They are also leaders in the fight against HIV/AIDS.

An unexpected outcome of the Body Map project is economic. Prints of the Bambanani body maps have been sold and the women have received a substantial portion of the proceeds. Tricia Smith of CATIE would like to see a similar opportunity for the women involved from Tanzania, Zambia and Canada.

“You see the arrows and the airplane, that was when I left Zimbabwe. And then I drew that beaver. It is my symbol of Canada. You see in my body map my heart is breaking but the green shows life. I have a passion for life and I want people to live. My heart breaks, especially when I think of kids dying. I had two kids, but one passed away. I have seven children, one is my biological child. The others are orphans. I feel these children have to be loved. I have gone through a lot, I have experienced pain. Physical pain, pain of loss, of being neglected, of being stigmatized. But I’m not living just because God is providing oxygen. I live with a purpose. I’m working. I’m productive, I have...
plenty of dependants in Zimbabwe. I feel I’m valuable. My infection made me a better person, it has made me a stronger person and more determined person. I look at my body map and I feel, if only people would look at it and think seriously about it. There is a lot of stigma in Canada. Here some people say, I don’t want to take drugs, these drugs irritate me, there are a lot of tablets, I don’t want to take them. People should just appreciate they have them!” Esther, Body Map participant, September 2007.

Individual artists and arts coalitions are active worldwide, using drama, visual and creative arts, dance and music for educational and healing purposes relating to HIV/AIDS. Political theatre on HIV has been staged from Kenya to Russia. In 2010, Toronto’s Volcano Theatre will begin to tour The Africa Trilogy, created by leading playwrights from three countries. This trilogy was inspired by former UN Special Envoy for HIV/AIDS in Africa Stephen Lewis’s moving and profound Massey Lectures, “Race Against Time.”

“I have drawn the moon and stars as the light I have gotten from this workshop. I believe the knowledge I will get will help others. I have drawn a scar on my head.” Frida Mdoe, Body Map workshop, October 2006.

During a workshop in Canada, Jane Solomon described what was unique and universal, and astonishing. “Many African women found their voices through becoming HIV positive,” she said, “and are proud of the struggle they have been through. They want to share their status and story with others to assist them in living with HIV. The Caribbean women felt unable to disclose to their communities because of discrimination and punitive reprisals and the African and Caribbean women developed a better understanding of each other and the environments in which they are living.” Solomon said she was surprised that HIV- and AIDS-related stigma was so prevalent in the northern hemisphere. It was not what she’d expected.

Women, Aboriginal Canadians and new Canadians from HIV-endemic countries such as Africa and the Caribbean represent a growing proportion of positive HIV test reports in Canada. This is evident to groups such as CATIE and Voices of Positive Women who are involved with the body mapping. Smith says the body maps raise issues being dealt with by marginalized communities in Canada. Surely as they have done in other contexts, the representation of the self through the body maps will have an impact in Canada too. She’s keen to find tours for the body maps, and to find buyers so the women can profit from their work.

“You see on the left top of my body map I put my motto, ‘United we stand divided we fall.’ The words in my language, Shona, mean, HIV/AIDS you and me we have work to do. I ask myself, Am I doing something? Ask yourself, Am I doing something?” Marvelous Muchenje, Body Map participant, Canada.

Carol Devine is vice-president of Dignitas, a Canadian medical humanitarian organization working with the Malawi Ministry of Health to deliver community-based care for HIV/AIDS. She has worked for Médecins Sans Frontières’ Access to Essential Medicines Campaign and for Voices of Positive Women.